



# INITIAL REGISTRATION FOR UNDERGROUND STORAGE TANK SYSTEMS

State Form 56548 (R4 / 3-23)  
Indiana Department of Environmental Management  
Petroleum Branch

**RETURN COMPLETED FORMS TO:**  
Indiana Department of Environmental Management  
USTRegistration@idem.in.gov

The information is required by 329 IAC 9. This form should only be used for facilities that have not been registered with the IDEM Underground Storage Tank program.

## A FACILITY NAME / LOCATION

FACILITY NAME		LATITUDE (37.710101 to 41.866773)		LONGITUDE (-88.165351 to -84.671035)	
FACILITY ADDRESS (number and street)			PARCEL NUMBER		
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER	

## B TYPE OF FACILITY (Check all that apply)

<input type="checkbox"/>	Auto Dealership	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Airport Hydrant System
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Gas Station	<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Petroleum Distributor	<input type="checkbox"/>	Railroad	<input type="checkbox"/>	Residential
<input type="checkbox"/>	Trucking or Transport	<input type="checkbox"/>	Utilities	<input type="checkbox"/>	Unmanned
<input type="checkbox"/>	Marina	<input type="checkbox"/>	School	<input type="checkbox"/>	Other:

## C PREPARED BY

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS		

## D UST OWNER

### TYPE OF OWNER

<input type="checkbox"/>	Federal Government	<input type="checkbox"/>	State Government	<input type="checkbox"/>	City / Local Government
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Private	<input type="checkbox"/>	Other:

Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) BUSINESS ID (From the Secretary of State)

Option 2: UST OWNER NAME (If a Public Agency or other entity)

Option 3: UST OWNER NAME (If in Individual Capacity)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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UST OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2)

CITY STATE ZIP CODE EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)

TELEPHONE NUMBER EMAIL ADDRESS (Option 3 Individual Capacity) JOB TITLE (Option 3 Individual Capacity)

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2)

CITY STATE ZIP CODE JOB TITLE

TELEPHONE NUMBER EMAIL ADDRESS

FACILITY NAME									
<b>E FINANCIAL RESPONSIBILITY (Check all that apply)</b>									
Federal or State Government Entity, which does not fall under financial responsibility requirements									
Local Government owner or operator is maintaining financial responsibility for this site									
The UST owner is maintaining financial responsibility for this site									
The UST operator is maintaining financial responsibility for this site									
I have met the financial responsibility requirements (in accordance with 329 IAC 9-8) by using one or a combination of the following mechanisms: <i>(check all that apply)</i> . <b>If you are using the ELTF it must be checked as well.</b>									
Financial Test of Self Insurance					Excess Liability Trust Fund (State Fund)				
Guarantee					Insurance and Risk Retention Group Coverage				
Surety Bond					Loan Commitment Letter				
Letter of Credit					Certificate of Deposit				
Trust Fund					Standby Trust Fund				
Local Government Bond Rating Test					Local Government Financial Test				
Local Government Guarantee					Local Government Fund				
If utilizing the ELTF for FR, I acknowledge the requirement to maintain the ability to pay the applicable amount pursuant to 9-8-11(b) and (c) and ability to provide proof of that mechanism when requested.									
<b>F UST OPERATOR</b>									
TYPE OF OPERATOR									
Federal Government			State Government			City / Local Government			
Commercial			Private			Other:			
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)						BUSINESS ID (From the Secretary of State)			
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)									
Option 3: UST OPERATOR NAME (If in Individual Capacity)									
PREFIX	FIRST NAME				MI	LAST NAME			SUFFIX
UST OPERATOR ADDRESS (Listed in Options 1-3)									
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (line 2)			
CITY			STATE	ZIP CODE		DATE BEGAN OPERATING (MM/DD/YYYY)			
TELEPHONE NUMBER			EMAIL ADDRESS (Option 3 Individual Capacity)			JOB TITLE (Option 3 Individual Capacity)			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)									
PREFIX	FIRST NAME				MI	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (line 2)			
CITY			STATE	ZIP CODE		JOB TITLE			
TELEPHONE NUMBER			EMAIL ADDRESS						
<b>G FACILITY CONTACT</b>									
CONTACT INDIVIDUAL NAME									
PREFIX	FIRST NAME				MI	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (line 2)			
CITY			STATE	ZIP CODE		JOB TITLE			
TELEPHONE NUMBER			EMAIL ADDRESS						

FACILITY NAME					
<b>H DEEDED PROPERTY OWNER</b>					
TYPE OF OWNER					
Federal Government		State Government		City / Local Government	
Commercial		Private		Other:	
Option 1: PROPERTY OWNER NAME ( <i>Business Name as registered with the Secretary of State</i> )				BUSINESS ID ( <i>From the Secretary of State</i> )	
Option 2: PROPERTY OWNER NAME ( <i>If a Public Agency or other entity</i> )					
Option 3: PROPERTY OWNER NAME ( <i>If in Individual Capacity</i> )					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS ( <i>Number and Street, no P.O. Box</i> )				ADDRESS ( <i>line 2</i> )	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP ( <i>MM/DD/YYYY</i> )	
TELEPHONE NUMBER		EMAIL ADDRESS ( <i>Option 3 Individual Capacity</i> )		JOB TITLE ( <i>Option 3 Individual Capacity</i> )	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS ( <i>Number and Street, no P.O. Box</i> )				ADDRESS ( <i>line 2</i> )	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			
<b>I ACTIVE LAND CONTRACT PROPERTY OWNER (<i>If applicable</i>)</b>					
TYPE OF OWNER					
Federal Government		State Government		City / Local Government	
Commercial		Private		Other:	
Option 1: PROPERTY OWNER NAME ( <i>Business Name as registered with the Secretary of State</i> )				BUSINESS ID ( <i>From the Secretary of State</i> )	
Option 2: PROPERTY OWNER NAME ( <i>If a Public Agency or other entity</i> )					
Option 3: PROPERTY OWNER NAME ( <i>If in Individual Capacity</i> )					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS ( <i>Number and Street, no P.O. Box</i> )				ADDRESS ( <i>line 2</i> )	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP ( <i>MM/DD/YYYY</i> )	
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS ( <i>Option 3 Individual Capacity</i> )		PROPOSED END DATE ( <i>MM/DD/YYYY</i> )	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS ( <i>Number and Street, no P.O. Box</i> )				ADDRESS ( <i>line 2</i> )	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			

FACILITY NAME					
<b>J CONTRACTOR</b>					
INSTALLATION INSPECTED BY A REGISTERED ENGINEER		REGISTRATION ID:		REGISTRATION DATE <i>(mm/dd/yyyy)</i>	
MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED			INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER		
WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY				INSPECTION DATE <i>(mm/dd/yyyy)</i>	
CONTRACTOR BUSINESS NAME <i>(Business Name as registered with the Secretary of State)</i>				BUSINESS ID <i>(From the Secretary of State)</i>	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>				ADDRESS <i>(line 2)</i>	
CITY		STATE	ZIP CODE	IDHS CERTIFICATION NUMBER	
TELEPHONE NUMBER		EMAIL ADDRESS			
<b>K POTENTIALLY INTERESTED PARTIES</b>					
INTERESTED PARTY NAME			E-MAIL ADDRESS		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
<b>L FACILITY SITE MAP</b>					
<p><b><i>In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.</i></b></p>					

FACILITY NAME				
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
<b>M</b>	<b>IDENTIFICATION OF UNDERGROUND STORAGE TANKS</b>			
IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				
<b>N</b>	<b>STATUS OF UNDERGROUND STORAGE TANKS</b>			
CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				
<b>O</b>	<b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b>			
PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
<b>P</b>	<b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				
<b>Q</b>	<b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>			
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
<b>R</b>	<b>PIPING CONSTRUCTION AND PROTECTION</b>			
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY NAME				
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
<b>S</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>			
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
<b>T</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>			
PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
<b>U</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>			
CATCHMENT BASIN / SPILL BUCKET				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY NAME				
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
<b>M</b>	<b>IDENTIFICATION OF UNDERGROUND STORAGE TANKS</b>			
IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				
<b>N</b>	<b>STATUS OF UNDERGROUND STORAGE TANKS</b>			
CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				
<b>O</b>	<b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b>			
PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
<b>P</b>	<b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				
<b>Q</b>	<b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>			
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
<b>R</b>	<b>PIPING CONSTRUCTION AND PROTECTION</b>			
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY NAME				
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
<b>S</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>			
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
<b>T</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>			
PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
<b>U</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>			
CATCHMENT BASIN / SPILL BUCKET				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				



FACILITY ID #		TRANSACTION ID - FOR STATE USE ONLY	
<b>UST OWNER CERTIFICATION</b>			
<p>I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):</p> <p>(1) Installation of all tanks and piping under 40 CFR 280.20.  (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.  (3) Release detection under 40 CFR 280 Subpart D.  (4) Financial responsibility under 329 IAC 9-8.</p>			
OWNER'S AUTHORIZED REPRESENTATIVE <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
SIGNATURE			DATE <i>(MM/DD/YYYY)</i>
<b>UST OPERATOR CERTIFICATION</b>			
<p>I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):</p> <p>(1) Installation of all tanks and piping under 40 CFR 280.20.  (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.  (3) Release detection under 40 CFR 280 Subpart D.  (4) Financial responsibility under 329 IAC 9-8.</p>			
OPERATOR'S AUTHORIZED REPRESENTATIVE <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
SIGNATURE			DATE <i>(MM/DD/YYYY)</i>
<b>CONTRACTOR CERTIFICATION</b>			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
<p><b>OATH:</b> I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.</p>			
SIGNATURE		EMAIL ADDRESS	DATE <i>(MM/DD/YYYY)</i>